

CITY OF OVIEDO

as Contracted with PDCS, LLC

Building Services ■ 400 Alexandria Blvd ■ Oviedo, FL 32765 ■ 407-971-5755

POOL / SPA / HOT TUB PERMIT APPLICATION

TAX ID # (COMPLETE PARCEL ID #)		
JOB ADDRESS		SUBDIVISION
OWNER'S NAME	PHONE #	FAX #
OWNER'S ADDRESS		EMAIL
FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER)	PHONE #	FAX #
FEE SIMPLE TITLE HOLDER ADDRESS		EMAIL
CONTRACTOR NAME	PHONE #	FAX #
ADDRESS	LICENSE #	EMAIL
ARCHITECT OR ENGINEER NAME	PHONE #	FAX #
ADDRESS	LICENSE #	EMAIL
MORTGAGE LENDER NAME	PHONE #	FAX #
ADDRESS		EMAIL
BONDING COMPANY	PHONE #	FAX #
ADDRESS		EMAIL

<input type="checkbox"/> IN GROUND POOL	<input type="checkbox"/> ABOVE GROUND POOL	<input type="checkbox"/> IN GROUND SPA <u>ONLY</u>	<input type="checkbox"/> ABOVE GROUND SPA	SOLAR	HEATER
SIZE: _____	SIZE: _____	SIZE: _____	SIZE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIPTION OF WORK:	VALUATION OF WORK:
	\$

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK AND MAY BE REQUIRED FOR PLUMBING WORK.

OWNER'S AFFIDAVIT: I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

<p>_____ Signature of Owner / Agent</p> <p style="text-align: right;">_____ Date</p> <p>_____ Printed Name of Owner / Agent</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____, by _____, who is <input type="checkbox"/> Personally Known to me or has <input type="checkbox"/> Produced (type of identification) _____ as identification and who did take an oath.</p> <p style="text-align: right;">(SEAL)</p> <p>_____ Signature of Notary Public State of Florida</p> <p>_____ Print/Type/Stamp Name of Notary Public</p>	<p>_____ Signature of Contractor</p> <p style="text-align: right;">_____ Date</p> <p>_____ Printed Name of Contractor</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____, by _____, who is <input type="checkbox"/> Personally Known to me or has <input type="checkbox"/> Produced (type of identification) _____ as identification and who did take an oath.</p> <p style="text-align: right;">(SEAL)</p> <p>_____ Signature of Notary Public State of Florida</p> <p>_____ Print/Type/Stamp Name of Notary Public</p>
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THIS PAGE – FOR OFFICE USE ONLY

VALUATION OF COMPLETED WORK \$	PERMIT FEE \$	PLAN REVIEW FEE \$	STATE DCA FEE (1% of permit fees min \$2) \$	STATE DBPR FEE (1.5% of permit fees min \$2) \$
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APPLICATION ACCEPTED BY / DATE	# OF PLANS SUBMITTED	APPROVED FOR ISSUE BY / DATE

SPECIAL APPROVALS	APPROVED BY	CORRECTIONS NEEDED	DENIED BY	DATE
BUILDING				
ENGINEERING (COMM ONLY)				
DEV REV/ZONING				
OTHER (SPECIFY)				

Please contact the Building Department at 407-971-5755 with any questions.